

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees) including Qualified Nonprofit Corporations

1. Name of individual, organization or corporation					
Address (number and street) <input type="checkbox"/> check if different than previously reported					
City, State and ZIP Code					
2.	Corporate filers only	Is the filer a qualified nonprofit corporation? <input type="checkbox"/> Yes <input type="checkbox"/> No			
	Individual filers only	NAME OF EMPLOYER		OCCUPATION	
					3. Identification number
4. TYPE OF REPORT (check appropriate boxes): (a) <input type="checkbox"/> April 15 Quarterly Report <input type="checkbox"/> 12-Day Report preceding the election. <input type="checkbox"/> July 15 Quarterly Report <input type="checkbox"/> 30-Day Report following the General Election. <input type="checkbox"/> October 15 Quarterly Report <input type="checkbox"/> January 31 Year-End Report <input type="checkbox"/> July 31 Mid-Year Report (b) Is this Report an amendment? Yes <input type="checkbox"/> No <input type="checkbox"/> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div>Type of Election</div><div>Date of Election</div><div>State</div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div>Date of Election</div><div>State</div></div>					
5. COVERING PERIOD: FROM THROUGH					
				PAGE	OF
6. CONTRIBUTION(S) RECEIVED (Submit multiple forms if additional space is required)					
Full Name, Mailing Address and ZIP Code of Contributor		Name of Employer	Occupation	Date (Month, Day, Year)	Amount
7. INDEPENDENT EXPENDITURE(S) MADE (Submit multiple forms if additional space is required)					
Full Name, Mailing Address and ZIP Code of Payee		Purpose of Expenditure	Date (Month, Day, Year)	Amount	Check One Support Oppose
8. TOTAL CONTRIBUTIONS (multi-page filers: enter total on page 1) \$					
9. TOTAL INDEPENDENT EXPENDITURES (multi-page filers: enter total on page 1) \$					
Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or in consultation with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee, nor did they involve the financing, dissemination, distribution or republication of any campaign materials prepared by a candidate or a candidate's agent or authorized committee. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations. TYPE OR PRINT NAME OF PERSON COMPLETING FORM			Subscribed and sworn to before me this _____ day of _____, 20_____ My Commission Expires _____ _____(Notary Public)		
SIGNATURE (multi-page filers: sign page 1 only) DATE					

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C. 437g.

For further information, contact:
Federal Election Commission
999 E Street, N.W.
Washington, D.C. 20463
Toll Free 800-424-9530 Local 202-694-1100

Any information reported herein may not be copied for sale or use by any person for the purposes of soliciting contributions or for any other commercial purpose except that the name and address of any political committee may be used to solicit contributions from that committee.

FEC FORM 5
(Revised 1/2001)
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